

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: City of Absecon County: Atlantic
 Employee Organization: IBT Loc 107 Employees in Unit: 5
 Base Year Contract Term: 1/1/2007 12/31/2010 New Contract Term 1/1/2011 12/31/2014
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Section II: Economic			
<i>Item 1</i>	<u>Salary</u>	<u>\$249,513</u>	<u>\$259,299</u>
<i>Item 2</i>	<u>Increment</u>	<u>\$6,500</u>	<u>\$6,000</u>
<i>Item 3</i>	<u>Longevity</u>	<u>\$13,361</u>	<u>\$10,305</u>
<i>Item 4</i>			
<i>Item 5</i>			
<i>Item 6</i>			
<i>Item 7</i>			
<i>Item 8</i>			
<i>Item 9</i>			
<i>Item 10</i>			
<i>Item 11</i>			
<i>Item 12</i>			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		<u>\$269,374</u>	<u>\$275,604</u>
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) **\$269,374**

Effective Date (m/d/yyyy)	<u>1/1/2011</u>	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	.....	.....
Percent Increase	<u>2%</u>	<u>4%</u>	<u>4%</u>	<u>4%</u>	.....	.....
Total cost of increase	<u>\$6,230</u>	<u>\$9,000</u>	<u>\$9,000</u>	<u>\$9,000</u>	.....	.....
Total base salary (successor agreement)	<u>\$265,299</u>	<u>\$232,276</u>	<u>\$241,276</u>	<u>\$250,276</u>	.....	.....

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.50
 Dollar Impact (average per year over term of agreement) \$33,230.00

Section VIHealth Insurance (Indicate costs associated on each line)

	Base Year	Year 1					
Cost of Health Plan	<u>\$73,510</u>	<u>\$77,973</u>	.....	.....	.....	.....	.....
Employee Contributions .....	.....	.....	.....	.....	.....	.....	.....
Prescription .....	.....	.....	.....	.....	.....	.....	.....
Dental	<u>\$5,874</u>	<u>\$6,168</u>	.....	.....	.....	.....	.....
Vision	<u>\$472</u>	<u>\$472</u>	.....	.....	.....	.....	.....

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by:

Jessica Thompson	Title: <u>Administrator/CFO</u>
Print Name	
Jessica Thompson	Date: <u>9/23/2015</u>
Signature	